Department of Veterans Affairs

VIOLENT BEHAVIOR QUESTIONNAIRE

(Immediately After Incident)

NAME OF VA FACILITY	CASE NUMBER *(Facility No., Station or Identification No., year, month, and Incident No. at facility in ascending order)*	TYPE OF FACILITY *(e.g., General Medical Center, NCA, CBOCs, etc.)*	DATE COMPLETED

1A. DATE OF INCIDENT	1B. DAY OF WEEK INCIDENT TOOK PLACE	1C. TIME INCIDENT BEGAN	1D. TIME INCIDENT ENDED
		☐ A.M. ☐ P.M.	☐ A.M. ☐ P.M.

NOTE: A separate VA Form 0719a, Violent Behavior Questionnaire, should be completed for each individual impacted by the incident, including the aggressor. *(See DASHO Letter 00S-94-7 for definitions - vasafety web site)*

2A. PERSON COMPLETING THIS FORM *(check one)*:	2B. E-MAIL ADDRESS OF PERSON THAT CAN BE CONTACTED CONCERNING THIS INCIDENT
☐ VICTIM ☐ WITNESS/OBSERVER ☐ OTHER *(Specify)*	

INDIVIDUAL BIOGRAPHY ***(Questions are not to be completed by aggressor)***

3A. INDIVIDUAL IMPACTED	3B. AGE	3C. SEX	3D INDIVIDUAL IMPACTED RELATIONSHIP TO VA
☐ VICTIM ☐ WITNESS/OBSERVER ☐ SUPERVISOR		☐ MALE ☐ FEMALE	☐ BENEFICIARY/PATIENT ☐ VISITOR ☐ OTHER ☐ EMPLOYEE ☐ VOLUNTEER

3E. RELATIONSHIP TO VICTIM OR ALLEGED AGGRESSOR	4. HAD PREVIOUS CONTACT WITH ALLEGED AGGRESSOR
☐ BENEFICIARY/PATIENT ☐ SPOUSE ☐ CO-WORKER ☐ VA STAFF *(Provide Job Title in space below)* ☐ FAMILY MEMBER ☐ VA VOLUNTEER ☐ DO NOT KNOW ☐ ACQUAINTANCE ☐ STRANGER ☐ OTHER _____	☐ YES ☐ UNKNOWN ☐ NO

5A. WAS A RESPONSE TEAM CALLED?	5B. NUMBER OF MEMBERS ON THE RESPONSE TEAM?
☐ YES *(If "YES," complete item 5B)* ☐ NO ☐ DOES NOT EXIST	

6A. WAS SERVICES OR REFERRAL OFFERED?	6B. SERVICES USED
☐ YES *(If "YES," and services were used, then complete item 6B)* ☐ NO ☐ UNKNOWN	☐ EMPLOYEE ASSISTANT PROGRAM ☐ MEDICAL COUNSELING ☐ EMPLOYEE HEALTH ☐ OTHER *(Provide Name)*

7. LENGTH OF TIME ON THE JOB	8. LOCATION - SERVICE ORGANIZATION *(If applicable)*

ENVIRONMENT

9A. LOCATION OF INCIDENT

☐ EMERGENCY CARE SERVICE (E.C.S.) ☐ NURSING STATION ☐ BATHROOM *(Specify Floor)* _____ ☐ LOBBY ☐ OTHER *(Specify below)*
☐ INPATIENT UNIT ☐ OFFICE ☐ GERIATRIC
☐ OUTPATIENT UNIT ☐ EXTERIOR OF BUILDING ☐ GARAGE *(Specify Level)* _____ ☐ PSYCHIATRI _____

9B. LOCATION OF VICTIM

☐ WITHIN EYE SIGHT ☐ WITHIN HEARING OF OTHER EMPLOYEES ☐ NEITHER

9C. WAS AN OBJECT FROM ENVIRONMENT USED IN THE INCIDENT *(e.g. Telephone, chair, etc.)*	9D. DESCRIPTION OF OBJECT
☐ YES *(If "YES," list object(s) in item 9D)* ☐ NO	

9E. DID THE DESIGN OF ENVIRONMENT CONTRIBUTE TO THE INCIDENT OR SEVERITY OF INJURY?	9F. EXPLAIN WHY ENVIRONMENT CONTRIBUTED TO INCIDENT
☐ YES *(If "YES," explain why in item 9F)* ☐ NO	

10. TYPE OF INCIDENT *(Check all boxes that apply)*

☐ VERBALLY DISRUPTIVE *(Undirected)* ☐ PHYSICALLY AGGRESSIVE *(General unwanted contact)* ☐ PATIENT ABUSE
☐ VERBALLY AGGRESSIVE *(Directed)* ☐ PHYSICAL ASSAULT *(Intentional unwanted contact)* ☐ OTHER *(Specify below)*
☐ PROPERTY DESTRUCTION ☐ CRIMINAL ASSAULT _____

11. LEVEL OF DISTRESS THE INDIVIDUAL IMPACTED EXPERIENCED

☐ NO DISTRESS ☐ MILD DISTRESS ☐ MODERATE DISTRESS ☐ EXTREME DISTRESS

12. TYPE OF PHYSICAL INJURIES TO ANYONE INVOLVED IN INCIDENT *(e.g., victim and aggressor)*

☐ KICKED ☐ SHOT ☐ SEXUALLY ASSAULTED ☐ PUNCHED/HIT
☐ BITTEN ☐ STABBED ☐ SPAT UPON ☐ OTHER *(Specify)* _____

13. LEVEL OF PHYSICAL INJURY SUSTAINED BY VICTIM

☐ NO INJURY ☐ MINOR INJURY *(Abrasions, scrapes, bruises)* ☐ MAJOR INJURY *(Fracture, major laceration, required operative repair)* ☐ DEATH

14. INITIAL INCIDENT RESOLUTION *(Check all that apply)*

☐ SITUATION RESOLVED VERBALLY ☐ POLICE REMOVED AGGRESSOR FROM FACILITY ☐ AGGRESSOR PLACED IN SECLUSION
☐ AGGRESSOR PLACED UNDER 1:1 OBSERVATION ☐ PHYSICIAN CERTIFIED FOR INVOLUNTARY COMMITMENT INITIATED ☐ UNAWARE OF RESULTS OF ATTACK
☐ AGGRESSOR VOLUNTARILY LEFT ☐ RESTRAINTS APPLIED

15A. WAS A WEAPON INVOLVED	15B. WEAPON USED	16. WERE ANY ADDITIONAL REPORTS COMPLETED *(e.g., report of contact and nurse/daily ward)*
☐ YES *(If "YES," complete item 15B)* ☐ NO	☐ GUN ☐ KNIFE ☐ OTHER *(Describe)* _____	☐ YES ☐ NO